

APPLICATION FOR UNITED STATES PLANT PATENT

Declaration and Power of Attorney

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) of the new and distinct variety of the specified plant which is claimed and for which a patent is sought, and entitled:

1. 'Cream Elite Reagan'

described and claimed in the specification:

Check one

*a. ☒ attached hereto

b. ☐ filed on _____ as Application Serial No. _____ and amended on _____;
(if applicable)

I hereby declare that I have invented, discovered, or found in a cultivated area, and asexually reproduced the same new and distinct variety.

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, paragraph 1.56(a).

Under Title 35, U.S. Code paragraph 119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed: NONE

2. The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior this application, or (b) before the filing date of the above-named foreign priority application(s):
(if there are no corresponding applications, insert "NONE".)

NL, CHR 3118, 1999/04/19

EU, 2000/11172, 2000/07/28

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office:

Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453.

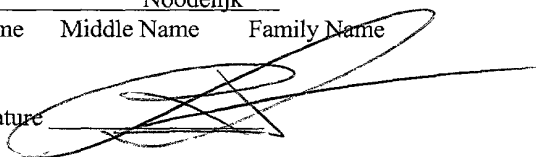
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO PARKHURST & WENDEL, 1421 PRINCE STREET, SUITE 210, ALEXANDRIA, VIRGINIA 22314, TELEPHONE (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3. Typewritten Full Name of Sole or First Inventor

Robert Noodelijk
Given Name Middle Name Family Name

**4. Inventor's Signature



**5. Date of Signature 5 22 2001
Month Date Year

6. Residence Woubrugge The Netherlands
City State or Province Country

7. Citizenship Dutch

8. Post Office Address

(Insert complete Vrouwgeestweg 26
mailing address,
including country) 2481 KN Woubrugge, The Netherlands

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to the Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

Second Inventor _____
Given Name Middle Name Family Name

Date of Signature _____
 Month Day Year

Citizenship _____

Typewritten Full Name
Third Inventor _____
Given Name Middle Name Family Name

Date of Signature _____
Month Day Year

Citizenship _____

Post Office Address
(Insert complete _____
mailing address, _____
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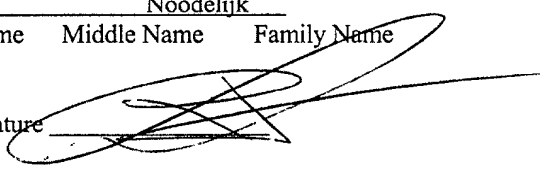
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09502750-071201

Typewritten Full Name

Second Inventor _____
Given Name Middle Name Family Name

Inventor's Signature _____

Date of Signature _____
Month Day Year

Residence _____
City State or Province Country

Citizenship _____

Post Office Address

(Insert complete _____
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including country) _____

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Third Inventor _____
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